



**State of New Hampshire
Board of Pharmacy**
57 Regional Drive
Concord, NH 03301-8518
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.state.nh.us/pharmacy/

**REGISTRATION FEE:
\$150.**

**Include Check Payable To:
NH BOARD OF PHARMACY**

**NON-RESIDENT / MAIL-ORDER PHARMACY PERMIT APPLICATION
APRIL 1, 2004 – MARCH 31, 2005 REGISTRATION PERIOD**

Pharmacy Name				
Pharmacy Address				
City	State	Zip Code	Pharmacy Telephone Number ()	Pharmacy Fax Number ()
Pharmacy E-Mail Address	Pharmacy Internet/Web Page Address (If Applicable)		Toll-Free Telephone Number For Use By New Hampshire Residents: ()	

Resident State Pharmacy License/Registration Number: Exp. Date:	DEA Registration Number: Exp. Date:	Resident State Controlled Substance Registration (If Applicable) Number: Exp. Date:
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Name Of Pharmacist-In-Charge	Pharmacist License Number	State Of Issue
Pharmacy Hours Monday -Friday (Open – Close): Saturday (Open – Close): Sunday (Open – Close):		
Hours Toll-Free Telephone Service Is Available Monday -Friday (Open – Close): Saturday (Open – Close): Sunday (Open – Close):		

Type Of Ownership <input type="checkbox"/> Individual Owner/Trustee/Receivership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation ⇒ <i>State Of Incorporation:</i>	
Name Of Corporation (If Applicable)	Telephone Number
Corporate Office Address	

List Name, Address, & Title Of Corporate Officers, Partners Or Owner(s) – Continue On Other Side Or Provide As An Attachment		
Name	Address	Title

Has the license/registration of this pharmacy ever been suspended, revoked, denied or placed on probation by any state and/or federal licensing/regulatory board or agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach explanation.</i>
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Please complete this application and return it, along with the permit fee and COPIES of the PHARMACY'S HOME STATE LICENSE, FEDERAL AND HOME STATE (IF APPLICABLE) CONTROLLED SUBSTANCE LICENSES and the MOST RECENT PHARMACY INSPECTION REPORT (if available).

I, _____, <i>Pharmacist-In-Charge</i> , certify that the foregoing statements are true and correct to the best of my knowledge and belief.	
Signature: _____	Date: _____
THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT A SIGNATURE AND DATE OF COMPLETION.	